

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>011587</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/20/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>ROSEWALK AT LUTHERWOODS</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1301 N RITTER AVE</b> <b>INDIANAPOLIS, IN 46219</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p>INITIAL COMMENTS</p> <p>This visit was for the Investigation of Complaints IN00197437 and IN00197784.</p> <p>Complaint IN00197437- Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00197784- Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey Dates: July 18, 19, and 20, 2016</p> <p>Facility number: 011587 Provider number: NA AIM number: NA</p> <p>Census bed type: Residential: 91 Total: 91</p> <p>Census payor type: Medicaid: 64 Other: 27 Total: 91</p> <p>Sample: 4</p> <p>Rosewalk at Lutherwoods was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaints IN00197437 and IN00197784.</p> <p>QR was completed by 99993 on 07/21/16.</p>	R 000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE